elaborate and expensive organization is entirely thrown away . . . it is this class which choke up the public asylums, converting them from houses of care into mere prisons . . . Of these chronic cases at least thirty are capable of giving some little help in the world, and with a capacity for enjoyment. To deny them their liberty is both cruel and illegal, inasmuch as the certificate of lunacy states that the patient must be 'a *proper* person to be detained . . . In the discussions that are taking place on the advisability of a further extension of the non-restraint system, Gheel is continually cropping up like a ghost that cannot be laid . . . That a sweeping change in the direction of greater freedom for the lunatic is one of the inevitable reforms we see blowing towards us is obvious. As we see wing after wing spreading and storey after storey ascending in every asylum, we are reminded of the overgrown monastic system . . . which toppled and fell by its own weight. Asylum life may not come to so sudden an end, but the longer its present unnatural and oppressive system, as regards the greater number of its inmates, is maintained, the greater will be the revolution when at last it arrives'.

In the October issue (p. 426 ff.), T. S. Clouston reviews the Annual Report of the English and Scottish Commissioners. Regarding community care or 'boarding out' he has this to say:

'The medical profession is entitled to say: "We must and will have in our hands the treatment and cure of the curable insane . . . That being granted, it is certain that there must be asylums or hospitals for the insane. But when a lunatic has become incurable and if his conduct and power of self-control approach near that of ordinary mankind, other things may be taken into consideration—the happiness and comfort of the patient, the security of the public, the moral effect on society of having in its midst persons of disordered intellect and abnormal conduct, the chances of procreation, the usefulness of patients and their cost . . . It is a pity that these questions could not be calmly discussed and scientifically experimented on. In Scotland this has not been done; sides have been taken, and that too strongly for the truth to be reached . . . The system of boarding chronic lunatics will be far more speedily and surely successful if the medical officers of asylums heartily second it, selecting patients, giving advice, and readily re-admitting them if they are unsuitable. And if the advocates of the experiment really care for its success and do not merely wish to catch an easy popularity by appearing to be the only friends of the insane, they will reason and persuade rather than abuse and ridicule".'

ALEXANDER WALK.

DR. WILLIAM SARGANT

An Appreciation

It was with much regret earlier this year that St. Thomas' said farewell to Dr. William Sargant, for 24 years Physician in charge of the Department of Psychological Medicine. In his honour a dinner was held at the hospital, at which a large gathering of colleagues and past members of his staff were present, and an inscribed silver amada dish was presented to him from the hospital and staff.

When Dr. Sargant came to St. Thomas' in 1948 he was already well-known for his new approach in psychiatry and his treatment of war neuroses, but he soon made plain his intention to continue his pioneer work, and rapidly made the department world-famous.

He won generous support from the Governors and colleagues, and established the first in-patient unit of St. Thomas' at the Royal Waterloo Hospital close by. At the same time a basement area of the old St. Thomas' Hospital was painted, fitted and organized for the use of physical treatments in out-patients. Under Dr. Sargant's leadership, the service activities of the department grew steadily to reach an attendance level of over 25,000 a year.

His teaching has always been inspiring, realistic and positive, focussing on the needs of patients and the ways of helping them by medical means. His illustrations were patients and their plight, and his broad experience of men and the world would never fail to give a fascinating background to the wide range of his discussion, which stimulated many to specialize in psychiatry.

His distinction in teaching and in clinical practice has been matched by his service to professional bodies. He was President of the Section of Psychiatry of the Royal Society of Medicine in 1956–7. During his twenty years as Registrar of the Royal Medico-Psychological Association he was always active in promoting educational aspects, and he did much to lay the foundation for the Royal College of Psychiatrists. In 1968, he gave the 43rd Maudsley Lecture on 'The Physiology of Faith'. He served on committees of the Royal College of Physicians from 1944–69, and was elected Watson Smith Lecturer in 1966.

In his retirement we lose one of the most active and enthusiastic pioneers psychiatry has ever known, and we acknowledge a debt of much gratitude.

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